

**Minutes****ETHNIC HEALTH  
ADVISORY COMMITTEE****May 14, 2007****5:00 – 7:00 PM****Cannon Health Building****Room 114**

	<b>Committee</b>	<b>UDOH Liaisons</b>	<b>Committee Staff</b>	<b>Guests</b>
<b>Members</b>	Aida Santos Mattingley Betty Sawyer Dena Ned Doriena Lee Ellen Selu Heru Hendarto Jesse Soriano K. Kumar Shah Kyum Koo Chon Leanna Vankeuren Luz Robles Robert Kagabo Sabrina Morales Sam Folau Shawn M. Jimerson Suri Suddhiphayak Sylvia Garcia Rickard	Patti Fuhriman Elizabeth Heath Walt Torres Nasrin Zandkarimi Melissa Zito Kathryn Rowley	George Delavan Owen Quiñonez Janae Duncan	
<b>Excused</b>	Robert Kagabo	Patti Fuhriman	George Delavan Owen Quiñonez	
<b>Attendees:</b>	Aida Santos Mattingley Dena Ned Heru Hendarto Jesse Soriano K. Kumar Shah Kyum Koo Chon Sabrina Morales Sam Folau Shawn Jimerson Sylvia Garcia Rickard Suri Suddhiphayak-on conference call	Nasrin Zandkarimi-on conference call Kalynn Filion for Kathryn Rowley Walt Torres	Janae Duncan April Bennett	Isabel Rojas-MHN Sally Valdez-University of Utah, College of Nursing Susan Hall-University of Utah, College of Nursing Pamela Whipple- University of Utah, College of Nursing Eric Morzelewski- University of Utah, College of Nursing

Agenda topics								
1.	Welcome	Sylvia Rickard						
<p><b>Discussion:</b></p> <p>The meeting was called to order by Sylvia Rickard who welcomed and introduced everyone. The start time was around 5:15.</p> <p><b>Conclusions:</b></p>								
<table> <tr> <td>Action items:</td><td>Person responsible:</td><td>Deadline:</td></tr> <tr> <td></td><td>None</td><td>None</td></tr> </table>			Action items:	Person responsible:	Deadline:		None	None
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	None	None						
2.	Review / approval of January 16, 2007	Sylvia Rickard						
<p><b>Discussion:</b></p> <p>Correction noted by Sabrina to add on page 2 a suggestion made at the last EHAC meeting to review UDOH budget before retreat. It was requested that UDOH share with EHAC what portion of program budgets is utilized to serve ethnic and racial communities. EHAC would like to know how the department is working with ethnic minorities.</p> <p>Correction was noted and the committee voted to approve the minutes with the change.</p> <p>*In the discussion of the correction it was pointed out how difficult it would be to review the entire budget for UDOH and furthermore how difficult it would be to separate line items that only address racial and ethnic communities because many of these activities take place as part of a larger budget item. How would EHAC define if an activity was related to ethnic outreach? EHAC members discussed that what they are looking for is more than the line items...what they want to know is what is being done to outreach to and serve racial and ethnic minorities. It is not necessarily how much money, but what programs are doing for the communities. EHAC would like to find out what is being done by each of the programs. Because each program has their own budget and strategic plan, CMH will identify one or two programs that can share their goals and efforts for working with ethnic communities, so that EHAC will have a better idea of what it looks like.</p>								
<p><b>Motion:</b> minutes were approved with change.</p>								
<p><b>Conclusions:</b> Motion passed-minutes approved</p>								
<table> <tr> <td><b>Action items:</b></td><td>Person responsible:</td><td>Deadline:</td></tr> <tr> <td>Find and share examples of program goals and efforts to address racial and ethnic communities</td><td>April/Janae</td><td>May 19, 2007</td></tr> </table>			<b>Action items:</b>	Person responsible:	Deadline:	Find and share examples of program goals and efforts to address racial and ethnic communities	April/Janae	May 19, 2007
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Find and share examples of program goals and efforts to address racial and ethnic communities	April/Janae	May 19, 2007						

3. Effectiveness of community health fairs

Pamella Whipple, Eric Morzelewski and Susan Hall-University of Utah, College of Nursing

**Introduction:**

The Health Disparities Work Group partnered with the University of Utah School of Nursing to do a literature review on the effectiveness of community health fairs. The Health Disparities Work Group is very interested in finding ways to effectively reach out to the racial and ethnic minority communities. Pamella and Eric presented their findings to the Health Disparities Work Group at their last meeting and are here today to share those same results.

A copy of the presentation attached to the minutes.

**Discussion:**

After the presentation EHAC members were given the opportunity to make comments and suggestions for how Pamella and Eric's findings can be implemented.

Jesse Soriano mentioned that health fairs are in some ways are also social events and that attracts people. The social aspect gets people there. Awards are given to recognize community efforts. It is critical to recognize where people are gathering because that is where people can be reached. The people who do the health fairs may not have the resources to do follow-up, but they have the resources to gather the community.

Sally Valdez made the point that community groups that are planning health fairs need to identify health priority areas through data. Community groups should think about how to get more funding in order to provide follow-up to find out if participants are following-up with their health care, i.e. blood sugar and blood pressure. Health fairs may be a crucial part of care for community members that are undocumented. She mentioned that the Department of Health are not the only ones that are resistant to participating in health fairs, not long ago Intermountain Healthcare told her they would not provide lancets for testing at a health fair because it is not considered a best practice.

Susan Hall responded to these comments by emphasizing how critical it is for people to have access to follow-up care. Health fairs have limitations because there is liability when there is no follow-up.

Sally responded by saying people are typically not just dropped after a health fair they are given information for clinics where they can go for follow-up treatment.

Aida Santos Mattingley shared an experience she had last year in a presentation to law enforcement and domestic violence advocates. She said that many people will not take advantages of the services because they are afraid. It is very important to have community members that can link services to the community at large.

Kyum Chon also commented on the importance of follow-up. Health fairs need to be more than just information. It is important to look at a budget as a whole to determine if health fairs may be worthwhile. Without data on health fairs there is no improvement and no justification. Kyum suggested collecting data for one health fair. Follow the people to see what they do with the information. We need to collect data.

There is no research being done to evaluate the effectiveness of health fairs. The structure may be changed to make it a more effective intervention. It is important to make health fairs effective and cost effective.

Nasrin Zandkarimi brought up that she talked to Owen about considering including this issue in the qualitative report. This would be a good way to get feedback from the community about how they feel health fairs are working in their community. This is a good question to ask the community because the research is not current. We are not sure if health fairs are not an effective approach for some racial and ethnic communities.

Sabrina Morales shared with the group that Comunidades Unidas conducted a community forum to hear about the needs of the community. The findings from the community forum included that community members like community health events. It may be the only interaction they have with a health care provider. A lot of people that come from “racist” states shared that it helps them feel welcomed. The follow-up depends on the agency. Follow-up is a focus of Comunidades Unidas. It is part of the overall focus on outreach providing services in the Latino community. Comunidades Unidas realized that without follow-up the service is not complete. Follow-up includes referring community members to clinics and monitoring if they are accepted to the clinic. Comunidades Unidas also recently established a permanent health booth at the Mexican Consulate. At the booth health information is provided, but they also take their information to follow-up with them later. It is working well.

Sam Folau reminded the group that EHAC’s focus on the community-including all minorities not only Hispanic. He went on to question that if health fairs are a waste of time, then what is effective. Who can propose an alternative? What is an effective alternative? It is not possible to hire someone with the money it costs to do a health fair. What can be done to get the information and resources to the community?

Re-routing funds in order to take the services to the community will require us to look at things a different way.

Dena Ned questioned how were the groups that were studied were selected? She went on to say that what is happening is that the people of color are being forced into one method of care. Open to all and not race based. Health fairs are seen as a way to fulfill the outreach requirement. From Dena’s experience it is more than that because she sees the same people returning year after year. They recognize the health fair as an opportunity to receive a well baby check and a flu shot. There is an on-going relationship with the participants.

It is important to focus on recommendations of what to do with the information presented. Options include:

- Additional research
- Educating communities on the process to solicit state help to establish clear roles and expectations
- Provide grant writing training

Some members of EHAC felt that there is not good research either way. Comments included: we go into it thinking health fairs are the only way to go—that is not the case we need to do further research. If we research...maybe we can show that they are effective. They may or may not be the best method. It can go either way

It was brought up that health fairs can have a more lasting impact if they link to or support policy change

initiatives. These efforts are more likely to win the support and participation of health department programs.

Kyum added that it may not be either effective or not effective. There are a lot of factors. We should find the problems and try to address them. It is a great thing for prevention.

Pamella brought the idea forward that we may know that health fairs are reaching people, but the question is are they getting all that they need in the most effective way?

Jesse added there is no generic health fair. They are all different. The value of health fairs is difficult to assess. He feels they are successful in getting the word out and that EHAC should pursue a better evaluation in order to come up with a model. This would also be an opportunity to look at other strategies for getting information to our communities.

Kumar suggested that we work on more than one project at a time and look for connections, realizing that by prioritizing we can work successfully on many things at once.

Sabrina added that she feels health department programs need to value the health fairs by sending Spanish speaking staff or providing an interpreter. Without this they will still not be able to get the information to the people.

It is important for EHAC to look at other options for reaching out to ethnic minority communities.

Could EHAC look at creating standards for agencies and help the department reach the community?  
Recommendation to keep on the agenda.

Jesse proposed the motion that UDOH conduct a study with EHAC on the effectiveness of health fairs.

Comments on the motion included:

- The motion could also include studying what is the most effective way to reach communities and what resources could be used.
- When asked Susan Hall said that the U of U nursing students would be interested in participating in future study efforts
- It is important to remember that this literature review on the effectiveness of health fairs began with health department programs. They are very interested in learning more about how to outreach to ethnic minority communities.
- Nasrin supported this comment by sharing that the immunization program is no longer participating in health fairs, even though she feels they are most effective. Money is put into advertising instead.

Sam suggested that the motion be amended to UDOH conduct a study with EHAC to identify effective outreach strategies (including health fairs) for racial and ethnic communities. Motion proposed by Sam was seconded by Kumar and all voted in favor.

**Conclusions:**

Further research is requested to determine the effectiveness of health fairs and other outreach strategies for the racial and ethnic minority communities.

**Recommendations:**

UDOH conduct a study with EHAC to identify effective outreach strategies (including health fairs) for racial and ethnic communities.

**Action items:**

Person responsible:

Deadline:

4. EHAC Retreat Planning and Preparation

April Bennett/Sylvia Rickard

Sam mentioned that he cannot make it to the retreat. Sylvia took a survey of EHAC members in attendance to find out who would be able to attend the Saturday retreat in order to determine if a quorum would be present.

Results of the survey:

- 6 out of 16 members for sure cannot attend.
- 7 members will attend

Because of the low attendance the committee discussed the possibility of sending out new dates. Heru motioned to postpone the retreat and this was seconded by Dena. The membership also discussed how difficult it would be to schedule a new date during the Summer months. Postponing the retreat would also mean postponing establishing EHAC priorities. It was proposed that the Saturday retreat be replaced by a planning meeting. Members in attendance could use a shorter meeting to begin working on EHAC priorities and present suggestions to the entire EHAC membership in the July meeting. It was determined that the planning meeting would be held on Saturday May 19<sup>th</sup> 8-12.

In preparation for this meeting EHAC members requested the following information:

- Examples of what UDOH programs are doing with the Ethnic community
- Organizational chart of UDOH to help determine where EHAC fits and what UDOH programs to focus on

EHAC members would like to continue to discuss at the retreat-the role of EHAC in advising UDOH. Should EHAC only offer insights when asked or should EHAC take a more proactive role in advocating for the racial and ethnic minority communities of Utah. Some EHAC members expressed their frustration that over the years EHAC has had many people come and talk, but no one has kept track. They added that it would be helpful for the department to compile a summary of what has been and is being done.

In order for EHAC priorities to be data driven, April Bennett shared the highlights from the Utah Healthy People 2010 Update. Before her presentation she noted that it is sometimes difficult to compare to HP2010 our data doesn't always directly connect, but this report focuses on what is measurable relating to CMH priority health areas. The summary table gives overall picture to at a glance identify disparities. EHAC should not feel limited to health topics that are directly connected with HP2010, but it is a great starting place. The Utah Healthy People 2010 Update and other data resources are found on the CMH website at

<http://www.health.utah.gov/cmh/data.html>

After April's data presentation EHAC members identified key points on how the data should be utilized and processed. EHAC needs to focus on what the data means to their communities and what EHAC can work on. They discussed the opportunity they have as an advisory committee to choose priorities together for direction.

It was mentioned that the Utah Indian Health Advisory Board (UIHAB) can be a great model for EHAC. UIHAB talks about disparities of the tribes, the leaders identify the concerns and approach UDOH to outline solutions. Following this model can make EHAC a powerful voice.

Other committee members agreed that EHAC needs focus as a committee. EHAC sees the disparities, but still need to understand why they exist...that is what we don't know. We need to focus on a few things. Pick a few areas that are most important to us and move forward together.

This proactive approach may require more of a commitment from EHAC membership. Some members suggested that meeting once a quarter does not meet the needs of the community.

#### **Conclusions:**

Planning meeting on the 19<sup>th</sup> will replace the EHAC retreat. Results of this planning meeting will be presented to EHAC membership in the July meeting. The planning meeting will focus on identifying EHAC priorities.

<b>Action items:</b>	<b>Person responsible:</b>	<b>Deadline:</b>
Send out planning meeting agenda	Janae/Sylvia	May 19

#### 5. Updates

Isabel Rojas/Janae Duncan

Isabel Rojas introduced herself as the new MHN coordinator.

Isabel began her presentation by sharing a thought presented by Dr. Urbina at the recent Hispanic Healthcare Task force Conference-generally speaking we all have the same problems health wise. We all have the same needs. But, the solutions may be different depending on cultures-She went on to emphasize that problems need to be treated culturally. One way this can be done is by identifying key contacts in the community-the people that everyone knows and everyone goes to. MHN is bringing political, private and public sectors all together. The membership of MHN committees then purposes, short term and long term goals. (See Attachment)

MHN would love for EHAC to participate. Please take the time to look over the handout provided and find out what area you are interested in...or what community people you know who would be interested and able to participate.

Kumar asked if it is possible to have MHN meetings in the evenings. Isabel responded that yes it is a possibility. MHN can be adaptable and respond to the needs of the members. MHN is committed to finding a balance so that everyone can be involved-public and private sector. This balance is important to maintain leadership and community input. Heru mentioned that AAU meets with community leaders in the evening because people cannot come if they are not paid to. This is a good point. Isabel explained that there is a lot

that people can do to participate. Several are already part of MHN. Suggestions for participation include:

- 1-Join a committee or recommend a community member that would be interested.
- 2-Play an active role in preparing for the annual disparities summit. Let MHN know how you can help-spread the word or planning.
- 3-As an advisory group to the health department, encourage UDOH to participate in the summit.

Isabel ended her update presentation by thanking EHAC members for their feedback and expressing that she is looking forward to future meetings.

Because it was already past 7:00, Janae said that any important updates and announcements from CMH could be sent over email or included in the next meeting.

**Conclusions:**

MHN would love EHAC members to participate and encourages each member to review MHN goals and their own priorities to see how they can be part of MHN.

Action items:	Person responsible:	Deadline:
Distribute MHN meeting schedule to EHAC membership	Janae/Isabel	July 9, 2007

6.	Other Announcements	All
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**Discussion:**

Sally Valdez is visiting from the U of U College of Nursing. She recruits and offers support for diverse students. She shared a brochure for EHAC members. For more information please contact Sally at (801)585-3411 or sally.valdez@nurs.utah.edu

Don't forget that the Asian Festival is June 9-10. Contact Heru at (801) 599-7671 or hhendarto@hotmail.com for more information.

Living legends festival is Saturday at the SLC building-drop by booth #5 Friday-Sunday

**Conclusions:**

Action items:	Person responsible:	Deadline:



7.	Adjourn and next meeting	Sylvia Rickard
Meeting adjourned around 7:20.		
Conclusions: Next meeting will be July 9 <sup>th</sup> .		
Action items:	Person responsible:	Deadline:
Send out agenda	Janae Duncan	2 weeks prior to next meeting